

Amended Corporation Franchise or Income Tax Return

100X

For calendar year _____ or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____.																									
California corporation number _____	Federal employer identification number (FEIN) _____																								
Corporation name _____																									
Address including Suite, Room, or PMB no. _____																									
City _____	State _____ ZIP Code _____																								
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Part I Income and Deductions

		(a) Originally reported/adjusted	(b) Net change	(c) Correct amount
1 Net income (loss) before state adjustments.	1			
2 Additions to net income.	2			
3 Deductions from net income.	3			
4 Net income (loss) after state adjustments. Subtract line 3 from the sum of line 1 and line 2.	4			
5 Net income (loss) for state purpose from Schedule R. Apportioning corporations, see instructions.	5			

Part II Computation of Tax, Penalties, and Interest. See instructions.

6 Net income (loss) for state purposes (from Part I, line 4 or line 5).	6							
7 Net operating loss (NOL) carryover deduction. See instructions.	7							
8 Pierce's disease, EZ, LARZ, TTA, or LAMBRA NOL carryover deduction.	8							
9 Disaster loss deduction.	9							
10 Net income for tax purposes. Subtract the sum of line 7, line 8, and line 9 from line 6.	10							
11 Tax _____% x line 10 (not less than minimum franchise tax plus QSub annual tax(es), if applicable).	11							
12 Tax Credits:	12							
13 Tax after credits (not less than minimum franchise tax, plus QSub annual tax(es) if applicable).	13							
14 Alternative minimum tax. See instructions.	14							
15 Tax from Schedule D (100S) (Form 100S filers only).	15							
16 Excess net passive income tax (Form 100S filers only).	16							
17 Other adjustments to tax. See instructions.	17							
18 Total tax. Combine line 13 through line 17.	18							
19 Penalties and Interest. See instructions.	19		(a) (b)			(c)		
20 Revised balance. Add line 18 and line 19 (c).	20							

Part III Payments and Credits

21 Estimated tax payments (include overpayment from prior year allowed as a credit).	21		
22 Amount paid with extension of time to file tax return.	22		
23 Payment with original tax return.	23		
24 Other payments. See instructions:	24		
25 Total payments. Add line 21 through line 24.	25		
26 Overpayment, if any, shown on original tax return, or as later adjusted.	26		
27 Balance. Subtract line 26 from line 25.	27		

Part IV Amount Due or Refund

28 Amount due. If line 20 is more than line 27, subtract line 27 from line 20. See instructions.	28							
29 Refund. If line 27 is more than line 20, subtract line 20 from line 27.	29							

Part V Explanation of Changes**1** Enter name, address, and California corporation number used on original tax return (if same as shown on this amended return, write "Same").

California corporation number	Federal employer identification number (FEIN)	Address including Suite, Room, or PMB no.	
Corporation name	City	State	ZIP Code

2 Explanation of Changes to items in Part I, Part II, Part III, and Part IV.

Enter the line number from Side 1 for each item that is changing and give the reason for each change. Attach all supporting forms and schedules for items changed. Include federal schedules if a change was made to the federal return. Be sure to include the corporation name and California corporation number on each attachment. Refer to the instructions and forms in the tax booklet for the year that is being amended.

Please Sign Here	Under penalties of perjury, I declare that I have filed an original return and I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Title	Date	Telephone ()
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's SSN/PTIN
	Firm's name (or yours, if self-employed) and address			FEIN
				Telephone ()

Where to File Form 100X

If the Form 100X results in a refund or no amount due, mail the amended tax return to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0500**

If the Form 100X results in an amount due, mail the amended tax return to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0501**